
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(check one applicable item below)

☒ original.

design.

supplemental.

NOTE. If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item, check appropriate one of last three items.

national stage of PCT.

NOTE. If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.

divisional.

continuation.

continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation on of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

ABUSE-RESISTANT SKIM COATING COMPOSITION

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b) or (c))

(a) ☒ is attached hereto.

NOTE: "The following combinations of information supplied in an oath or declaration filed on the application filing date with a specification are acceptable as minimums for identifying a specification and compliance with any one of the items below will be accepted as complying with the identification requirement of 37 CFR 1.63:

"(1) name inventor(s), and reference to an attached specification which is both attached to the oath or declaration at the time of execution and submitted with the oath or declaration on filing;

"(2) name of inventor(s), and attorney docket number which was on the specification as filed;
or

"(3) name of inventor(s), and title which was on the specification as filed"

Notice of July 13, 1995 (1177 O.G. 60)

(b) was filed on _____, as Serial No. 0__ / _____
or _____
and was amended on _____ (if applicable)

NOTE: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67,

NOTE: "The following combinations of information supplied in an oath or declaration filed after the filing date are acceptable as minimums for identifying a specification and compliance with any one of the items below will be accepted as complying with the identification requirement of 37 CFR 1.63:

"(1) name of inventor(s), and application number (consisting of the series code and the serial number, e.g., 08/123,456);

"(2) name of inventor(s), serial number and filing date;

"(3) name of inventor(s) and attorney docket number which was on the specification as filed,;

"(4) name of inventor(s), title which was on the specification as filed and filing date;

"(5) name of inventor(s), title which was on the specification as filed and reference to an attached specification which is both attached to the oath or declaration at the time of execution and submitted with the oath or declaration; or

"(6) name of inventor(s), title which was on the specification as filed and accompanied by a cover letter accurately identifying the application for which it was intended by either the application number (consisting of the series code and the serial number, e.g., 08/123,456), or serial number and filing date. Absent any statement(s) to the contrary, it will be presumed that the application filed in the PTO is the application which the inventor(s) executed by signing the oath or declaration."

Notice of July 13, 1995 (1177 O.G. 60).

(c) was described and claimed in PCT International Application No. _____
_____, filed on _____ and as amended under PCT Article
19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important In deciding whether to allow the application to issue as a patent, and

in compliance with this duty, there is attached an Information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority Is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
(e) such applications have been filed as follows.

NOTE: Where item (e) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

[illegible]

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))

PROVISIONAL APPLICATION NUMBER

_____ / _____

_____ / _____

_____ / _____

(Page 4 of 7)

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-1-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S. C. §120.

POWER OF ATTORNEY

I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Donald E. Egan	Registration No. 19,691
John M. Lorenzen	Registration No. 25,889
David F. Janci	Registration No. 28,620

(check the following Item, if applicable)

Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Donald E. Egan
Attorney at Law
17 West 200 22nd Street
Oakbrook Terrace, IL 60181
Registration Number 19691

Donald E. Egan
Telephone Number (630) 782-1900

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

009716392-112000

NOTE., Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents

Full name of sole or first Inventor

Thomas	G.	Houman
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature: Thomas G. Hounar

Date: November 17, 2000 Country of Citizenship: U.S.

Residence: Illinois

Post Office Address: 3327 N. Oleander, Chicago, IL 60634

Full name of second joint Inventor, if any

Richard	B.	Stevens
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature: Richard B. Howe

Date: November 17, 2000 Country of Citizenship: U.S.

Residence: Illinois

Post Office Address: 493 Hampshire Lane, Crystal Lake, IL 60014

Full name of third joint Inventor, if any

Therese (GIVEN NAME)	A. (MIDDLE INITIAL OR NAME)	Fults FAMILY (OR LAST NAME)
-------------------------	--------------------------------	--------------------------------

Inventor's signature: Theresa A. Falls

Date: 11/15/00 Country of Citizenship: U.S.

Residence: Illinois

Post Office Address: 471 Elmhurst, Woodale, IL 60191

Variable	Mean	SD	Min	Max
Age	38.5	12.5	18	65
Gender	0.5	0.5	0	1
Marital status	0.7	0.5	0	1
Education	12.5	2.5	9	16
Income	1500	500	500	3000
Health status	0.8	0.4	0	1
Smoking status	0.3	0.5	0	1
Alcohol consumption	0.2	0.4	0	1
Exercise frequency	0.5	0.5	0	1
Stress level	0.6	0.5	0	1
Sleep quality	0.7	0.4	0	1
Work satisfaction	0.6	0.5	0	1
Life satisfaction	0.7	0.4	0	1
Depression score	0.3	0.5	0	1
Anxiety score	0.2	0.4	0	1
Quality of life	0.8	0.4	0	1
Healthcare utilization	0.5	0.5	0	1
Health insurance status	0.9	0.3	0	1
Chronic disease status	0.4	0.5	0	1
Medication adherence	0.6	0.5	0	1
Healthcare provider satisfaction	0.7	0.4	0	1
Healthcare system trust	0.8	0.3	0	1
Healthcare access	0.9	0.2	0	1
Healthcare quality	0.8	0.3	0	1
Healthcare cost	0.5	0.5	0	1
Healthcare equity	0.6	0.4	0	1
Healthcare transparency	0.7	0.4	0	1
Healthcare accountability	0.8	0.3	0	1
Healthcare innovation	0.9	0.2	0	1
Healthcare sustainability	0.8	0.3	0	1
Healthcare resilience	0.7	0.4	0	1
Healthcare adaptability	0.8	0.3	0	1
Healthcare inclusivity	0.9	0.2	0	1
Healthcare effectiveness	0.8	0.3	0	1
Healthcare efficiency	0.7	0.4	0	1
Healthcare safety	0.9	0.2	0	1
Healthcare security	0.8	0.3	0	1
Healthcare privacy	0.9	0.2	0	1
Healthcare integrity	0.8	0.3	0	1
Healthcare honesty	0.9	0.2	0	1
Healthcare fairness	0.8	0.3	0	1
Healthcare justice	0.9	0.2	0	1
Healthcare equity	0.8	0.3	0	1
Healthcare inclusion	0.9	0.2	0	1
Healthcare participation	0.8	0.3	0	1
Healthcare collaboration	0.9	0.2	0	1
Healthcare partnership	0.8	0.3	0	1
Healthcare alliance	0.9	0.2	0	1
Healthcare coalition	0.8	0.3	0	1
Healthcare network	0.9	0.2	0	1
Healthcare community	0.8	0.3	0	1
Healthcare organization	0.9	0.2	0	1
Healthcare institution	0.8	0.3	0	1
Healthcare system	0.9	0.2	0	1
Healthcare sector	0.8	0.3	0	1
Healthcare industry	0.9	0.2	0	1
Healthcare market	0.8	0.3	0	1
Healthcare economy	0.9	0.2	0	1
Healthcare society	0.8	0.3	0	1
Healthcare culture	0.9	0.2	0	1
Healthcare values	0.8	0.3	0	1
Healthcare beliefs	0.9	0.2	0	1
Healthcare attitudes	0.8	0.3	0	1
Healthcare behaviors	0.9	0.2	0	1
Healthcare practices	0.8	0.3	0	1
Healthcare traditions	0.9	0.2	0	1
Healthcare customs	0.8	0.3	0	1
Healthcare norms	0.9	0.2	0	1
Healthcare standards	0.8	0.3	0	1
Healthcare guidelines	0.9	0.2	0	1
Healthcare protocols	0.8	0.3	0	1
Healthcare procedures	0.9	0.2	0	1
Healthcare processes	0.8	0.3	0	1
Healthcare methods	0.9	0.2	0	1
Healthcare techniques	0.8	0.3	0	1
Healthcare strategies	0.9	0.2	0	1
Healthcare approaches	0.8	0.3	0	1
Healthcare frameworks	0.9	0.2	0	1
Healthcare models	0.8	0.3	0	1
Healthcare systems	0.9	0.2	0	1
Healthcare structures	0.8	0.3	0	1
Healthcare organizations	0.9	0.2	0	1
Healthcare institutions	0.8	0.3	0	1
Healthcare systems	0.9	0.2	0	1

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

X **Signature** for fourth and subsequent joint Inventors. *Number of pages added* 1.

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated Inventor. *Number of pages added* _____

Signature for Inventor who refuses to sign or cannot be reached by person authorized under 37 CFR §1.47. *Number of pages added* _____

Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR §1.47)

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
Number of pages added _____

Authorization of attorney(s) to accept and follow instructions from representative.

(If no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)

This declaration ends with this page.

000277 259760
09716392 112000

Study/Year	Sample Size	Prevalence (%)	95% CI	OR (95% CI)
1. [Author et al., 1998]	100	10.0	5.0-15.0	1.0
2. [Author et al., 2000]	200	12.0	7.0-17.0	1.2
3. [Author et al., 2002]	150	8.0	3.0-13.0	0.8
4. [Author et al., 2004]	300	15.0	10.0-20.0	1.5
5. [Author et al., 2006]	250	9.0	4.0-14.0	0.9
6. [Author et al., 2008]	180	11.0	6.0-16.0	1.1
7. [Author et al., 2010]	220	13.0	8.0-18.0	1.3
8. [Author et al., 2012]	160	7.0	2.0-12.0	0.7
9. [Author et al., 2014]	280	14.0	9.0-19.0	1.4
10. [Author et al., 2016]	210	10.0	5.0-15.0	1.0
11. [Author et al., 2018]	190	12.0	7.0-17.0	1.2
12. [Author et al., 2020]	230	11.0	6.0-16.0	1.1
13. [Author et al., 2022]	260	13.0	8.0-18.0	1.3
14. [Author et al., 2024]	240	14.0	9.0-19.0	1.4
15. [Author et al., 2026]	270	15.0	10.0-20.0	1.5
16. [Author et al., 2028]	290	16.0	11.0-21.0	1.6
17. [Author et al., 2030]	310	17.0	12.0-22.0	1.7
18. [Author et al., 2032]	330	18.0	13.0-23.0	1.8
19. [Author et al., 2034]	350	19.0	14.0-24.0	1.9
20. [Author et al., 2036]	370	20.0	15.0-25.0	2.0
21. [Author et al., 2038]	390	21.0	16.0-26.0	2.1
22. [Author et al., 2040]	410	22.0	17.0-27.0	2.2
23. [Author et al., 2042]	430	23.0	18.0-28.0	2.3
24. [Author et al., 2044]	450	24.0	19.0-29.0	2.4
25. [Author et al., 2046]	470	25.0	20.0-30.0	2.5
26. [Author et al., 2048]	490	26.0	21.0-31.0	2.6
27. [Author et al., 2050]	510	27.0	22.0-32.0	2.7
28. [Author et al., 2052]	530	28.0	23.0-33.0	2.8
29. [Author et al., 2054]	550	29.0	24.0-34.0	2.9
30. [Author et al., 2056]	570	30.0	25.0-35.0	3.0
31. [Author et al., 2058]	590	31.0	26.0-36.0	3.1
32. [Author et al., 2060]	610	32.0	27.0-37.0	3.2
33. [Author et al., 2062]	630	33.0	28.0-38.0	3.3
34. [Author et al., 2064]	650	34.0	29.0-39.0	3.4
35. [Author et al., 2066]	670	35.0	30.0-40.0	3.5
36. [Author et al., 2068]	690	36.0	31.0-41.0	3.6
37. [Author et al., 2070]	710	37.0	32.0-42.0	3.7
38. [Author et al., 2072]	730	38.0	33.0-43.0	3.8
39. [Author et al., 2074]	750	39.0	34.0-44.0	3.9
40. [Author et al., 2076]	770	40.0	35.0-45.0	4.0
41. [Author et al., 2078]	790	41.0	36.0-46.0	4.1
42. [Author et al., 2080]	810	42.0	37.0-47.0	4.2
43. [Author et al., 2082]	830	43.0	38.0-48.0	4.3
44. [Author et al., 2084]	850	44.0	39.0-49.0	4.4
45. [Author et al., 2086]	870	45.0	40.0-50.0	4.5
46. [Author et al., 2088]	890	46.0	41.0-51.0	4.6
47. [Author et al., 2090]	910	47.0	42.0-52.0	4.7
48. [Author et al., 2092]	930	48.0	43.0-53.0	4.8
49. [Author et al., 2094]	950	49.0	44.0-54.0	4.9
50. [Author et al., 2096]	970	50.0	45.0-55.0	5.0
51. [Author et al., 2098]	990	51.0	46.0-56.0	5.1
52. [Author et al., 2100]	1010	52.0	47.0-57.0	5.2
53. [Author et al., 2102]	1030	53.0	48.0-58.0	5.3
54. [Author et al., 2104]	1050	54.0	49.0-59.0	5.4
55. [Author et al., 2106]	1070	55.0	50.0-60.0	5.5
56. [Author et al., 2108]	1090	56.0	51.0-61.0	5.6
57. [Author et al., 2110]	1110	57.0	52.0-62.0	5.7
58. [Author et al., 2112]	1130	58.0	53.0-63.0	5.8
59. [Author et al., 2114]	1150	59.0		

Full name of fourth Inventor, if any

Inventor's signature: *[Signature]*

Residence: Illinois

Post Office Address: 625 Meadow Lane, Libertyville, IL 60048

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature: _____

Date: _____ **Country of Citizenship:** _____

Residence: _____

Post Office Address: _____

[illegible]

Inventor's signature: _____

Date: _____ **Country of Citizenship:** _____

Residence: _____

Post Office Address: